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**Linda McCulloch, Superintendent** Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

		— 11010	iia, ivi	1 33020-23	01					
DUE DATES:	3	February 1 February 1	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STA	ATE REIME	BURSEMEN	T FOR SC	HOOL BUS TRA	ANSPORTATIO	ON:	
This clair	m is for the	period beginning	,			20 and e	nding		. 20 .	
			,	month	day		Ş	month	day	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	ıre, Chair, Board	d of Trustees					
County:			District	t:			District Level:			
06 Carte	6 Carter 0087 Ekalaka Elem						Elementary			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated		Bus Driver's cial Security #
50	15	1 Chalk Buttes		144	1.15	54	08/09/05			
50	15	2 HWY 7		92	1.15	54	08/09/05			
50	15	3 Beaver Flats		68	0.95	16	08/09/05			
50	15	Mill Iron		100	1.15	54	08/09/05			
50	15	Ridgewa	y	148	1.15	54	08/09/05			
				1						

TR-6 (1/05) Page 1

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

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State	
District	
County	

<b>DUE</b>
DATES

	Hele	na, M I	59620-25	01					
	February 1	to Cou	nty Superin			Second Semester May 10 to County Superintendent May 24 to State Superintendent			
ETE THI	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SCI	HOOL BUS TRA	NSPORTATION:		
n is for the	period beginning			,	20 and e	nding	,2	20	
		1	nonth	day		r	nonth da	y	
ICATIO	N:								
mation on	this form is compl	ete and	accurate to th	e best of my kno	owledge.				
		Signatur	re, Chair, Board	d of Trustees					
		District:					District Lev	vel:	
County: District:  06 Carter  0097 Carter County H S						High School			
District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
CO	1 Chalk But	tes	144	1.15	54	08/09/05			
CO	2 HWY 7		92	1.15	54	08/09/05			
CO	3 Beaver Flats		68	0.95	16	08/09/05			
CO	Mill Iron		100	1.15	54	08/09/05			
CO	Ridgeway	7	148	1.15	54	08/09/05			
	ETE THO In is for the ICATIO Imation on  Per District # CO CO CO CO	February 1 frebruary 1 frebruary 1 frebruary 1 frebruary 1 frebruary 15  ETE THIS CLAIM FO In is for the period beginning  ICATION:  mation on this form is completed and the period beginning  ICATION:  mation on this form is completed and the period beginning  ICATION:  TO District # Route # #  CO 1 Chalk But CO 2 HWY 7  CO 3 Beaver Fl CO Mill Iron	First So February 1 to Cour February 15 to Sta  ETE THIS CLAIM FOR STA In is for the period beginning  ICATION:  mation on this form is complete and  Signatur  District: # CO 1 Chalk Buttes CO 2 HWY 7 CO 3 Beaver Flats CO Mill Iron	First Semester February 1 to County Superint February 15 to State Superint  ETE THIS CLAIM FOR STATE REIME In is for the period beginning month  ICATION:  The period beginning month  I	February 1 to County Superintendent February 15 to State Superintendent  ETE THIS CLAIM FOR STATE REIMBURSEMEN In is for the period beginning	First Semester February 1 to County Superintendent February 15 to State Superintendent  ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCI In is for the period beginning	First Semester February 1 to County Superintendent February 15 to State Superintendent  ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRAENT IN STAT	First Semester   Second Semester   February 1 to County Superintendent   May 10 to County Superintendent   May 24 to State Superintendent   May 10 to County Superintendent   May 24 to State Superintendent   May 24 to	

TR-6 (1/05) Page 1